

PAYROLL ADJUSTMENT NOTICE—ACCOUNTS RECEIVABLE (A/R)

STD. 674 A/R (REV. 5-99c)

DOCUMENT NUMBER

(1) TO STATE CONTROLLER'S OFFICE:

- ☐ ADMIN. & DISBURSEMENTS
- ☐ PPSD/PAYROLL SERVICES

PPSD UNIT DESTINATION:

- ☐ PAYROLL☐ BENEFITS
- ☐ DISABILITY☐ W-2/Non USPS
- ☐ RETIREMENT☐ DEDUCTIONS

(5) ESTABLISH/CORRECT/ADJUST
AS INDICATED BELOW:

- ☐ ACCOUNTS RECEIVABLE
- ☐ REDEPOSIT WITH A/R
- ☐ TRANSFER OF FUNDS WITH A/R

(2) SOCIAL SECURITY
NUMBER

(3) NAME

(4) POSITION NUMBER

AGENCYUNITCLASSSERIAL

1

2

CHANGE METHOD OF COLLECTION

REMARKS:

- ☐ FROM AGENCY COLLECTION TO PAYROLL
DEDUCTION - *BALANCE TO BE COLLECTED* \$ NET
- ☐ FROM PAYROLL DEDUCTION TO AGENCY
COLLECTION - *BALANCE TO BE COLLECTED* \$ NET
- ☐ REVERSE PAYROLL DEDUCTION A/R
PLEASE REFUND AMOUNT COLLECTED \$ NET
- ☐ OVER-COLLECTION OF PAYROLL DEDUCTION
A/R - PAY PERIODS OF DEDUCTION
PLEASE REFUND AMOUNT COLLECTED \$ NET
- ☐ REVERSE AGENCY COLLECTION A/R

DATES/HOURS ON DOCK:

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

(6)	POSITION	ISSUE DATE			PAY PERIOD			SALARY TYPE	SALARY FULL	TIME WORKED			APPT. FRAC.	GROSS TYPE	PMT. TYPE	PAY SUFFIX	ADJ. CODE	EARNINGS I.D.	SHIFT CODE	GROSS	NET PAY	ACCT. REC. OR WARRANT NO.	RELEASED	RETURNED	HELD BY CONTROLLER
		MO.	DAY	YR.	T	MO.	YR.			STD.	DAYS	HOURS													
A	PMT. PER SCO WRNT. REG.																								
B	PMT. S/B																								
C	OVER-PMT.																								

OVERPAYMENT TO BE RECOVERED BY:

- ☐ AGENCY COLLECTION
- ☐ PAYROLL DEDUCTION (*Specify type*)
- ☐ 1 DEDUCTION FROM NEXT APPLICABLE PAY PERIOD
- ☐ (NO.) DEDUCTIONS BEGINNING WITH PAY PERIOD
- ☐ 2% OF SALARY RATE OR 1/12 OF ACCOUNTS RECEIVABLE NET

(7) COMPLETED BY

TELEPHONE NUMBER AND EXTENSION

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I HEREBY CERTIFY THAT THE EMPLOYEE NAMED ABOVE IS ENTITLED TO THIS PAY BASED ON THE APPROPRIATE GOVERNMENT CODES AND/OR EMPLOYEE HAS BEEN NOTIFIED OF THE IMPENDING ACCOUNT RECEIVABLE. PRIOR TO SUBMITTING THIS 674 A/R, THE EMPLOYEE WAS GIVEN A REASONABLE TIME TO RESPOND.

Payroll information correct in accordance with B/C Rule 660.

FROM (Agency Name)

AUTHORIZED SIGNATURE

DATE SIGNED